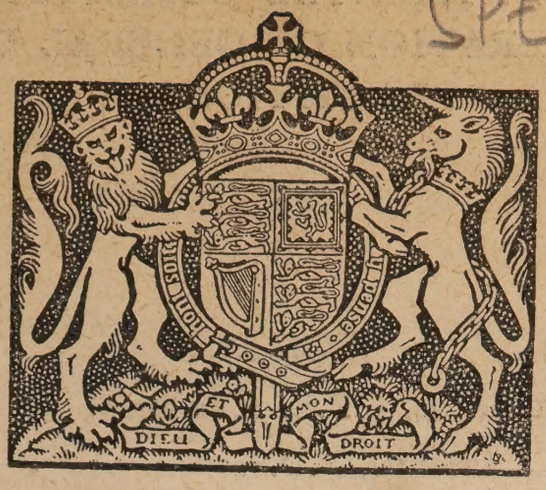

MINISTRY OF HEALTH
DEPARTMENT OF HEALTH FOR SCOTLAND

REPORT

OF THE INTER-DEPARTMENTAL COMMITTEE ON THE

REMUNERATION OF GENERAL DENTAL PRACTITIONERS

Presented to Parliament by the Minister of Health
and the Secretary of State for Scotland
by Command of His Majesty
May 1948

LONDON
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INTER-DEPARTMENTAL COMMITTEE ON THE REMUNERATION OF GENERAL DENTAL PRACTITIONERS

MEMBERS

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MR. S. G. GAME
MR. S. D. COX, M.B.E. } *Joint Secretaries*

Note.—SIR HORACE P. HAMILTON, G.C.B., was appointed to the Committee in place of SIR THOMAS GARDINER, G.B.E., K.C.B., who resigned in September, 1947.

The estimated gross cost of the preparation of this Report (including the expenses of the Committee and witnesses) is £404 10*s.* 4*d.* of which £38 5*s.* 0*d.* represents the estimated cost of printing and publishing this Report.

REPORT OF THE INTER-DEPARTMENTAL COMMITTEE ON THE REMUNERATION OF GENERAL DENTAL PRACTITIONERS

To the Rt. Hon. ANEURIN BEVAN, M.P., Minister of Health and the Rt. Hon. ARTHUR WOODBURN, M.P., Secretary of State for Scotland.

SIRS,

1. We were appointed on the 2nd September, 1946, to be a Committee to consider, after obtaining whatever information and evidence we thought fit, what ought to be the range of total professional income of a registered dental practitioner in any publicly organised service of general dental practice; to consider this with due regard to what have been the normal financial expectations of general dental practice in the past, and to the desirability of maintaining in the future the proper social and economic status of general dental practice and its power to attract a suitable type of recruit to the profession; and to make recommendations. Our remit was extended later to cover the remuneration of dental specialists and consultants. We now have the honour to present our report.

2. We invited the dental profession and certain other organisations and individuals to submit evidence to us. We also issued through the Press a general invitation to supply us with information.

3. We have held fifteen meetings of the Committee and we have received oral evidence from thirteen organisations and individuals. The written evidence of the bodies and persons who appeared before us and also that of others who accepted our invitation to help us in discharging our terms of reference has been examined. A list of the bodies and persons who presented memoranda to us and of the witnesses whom we interrogated orally is given in the appendix to this report.

4. We have had the advantage of consultations with officers of the Ministry of Health, the Department of Health for Scotland and the Government Actuary's Department, all of whom readily placed at our disposal information in their own possession and records obtained from other sources.

5. It was not possible for the evidence of the dental profession to be presented to us until the entire profession had been circularised by questionnaire. The collection of the material upon which this evidence was based inevitably took a considerable time and the evidence was completed only in the summer of 1947. We wish to record our thanks to the professional organisations for undertaking this work. It was obvious to us that without the evidence of the profession our task would have been most difficult.

6. To all others who have assisted us in the course of our investigation by furnishing information and suggestions, we wish to record our indebtedness.

7. At an early stage in our inquiry we came to the conclusion that we should express our recommendations in terms of net remuneration, that is gross remuneration less the professional expenses allowed for purposes of

income-tax, and that we should do so in terms of the 1939 value of money. On this point, we formed the same view as the Interdepartmental Committee on the Remuneration of General Practitioners*, and decided that, in view of our constitution, we as a committee were, firstly, not called upon—except to the extent referred to in paragraph 8—to determine what a practitioner's professional expenses ought to be, and secondly, that we too were not qualified to form an opinion on the adjustment of pre-war incomes that would be required to produce corresponding incomes today. We endorse, in this connexion, the views of the Committee on the Remuneration of General Practitioners who stated in their Report* :—" We leave to others the problem of the necessary adjustment to present conditions, but we would observe in this connexion that such adjustment should have direct regard not only to estimates of the change in the value of money but to the increases which have in fact taken place since 1939 in incomes in other professions. In our judgment, it is only if corresponding changes are made in the incomes of general practitioners that the recruitment and status of their profession will be maintained as against these professions ". The dental profession readily agreed to relate their evidence to the incomes received by dental practitioners during the years 1936, 1937 and 1938.

8. Soon after we commenced work it was suggested to us by certain Trades Union representatives of dental technicians that, notwithstanding that our terms of reference were concerned with the remuneration of dental practitioners, we should probably be compelled to take into consideration in formulating our recommendations the wages of dental technicians. This suggestion seemed to us to involve questions of policy necessitating reference to Ministers. We were informed subsequently that the Ministers' view was that it was undesirable for us to enter into discussions as to the remuneration of dental technicians, since there already exists appropriate industrial machinery for settling this. We have therefore refrained from inquiring into the wages of dental technicians. We would, however, emphasise that any arrangement designing to secure that dentists receive the net remuneration which we recommend will have to take into account not only that professional expenses have in general increased substantially since 1938, and are liable to further variation, but that this consideration has special importance in regard to the remuneration of dental technicians, since this forms a large part of the professional expenses of dental practitioners.

9. The dental organisations submitted to us, with their memorandum of evidence, separate tables of gross and net incomes for practices in large towns and for those in other towns, the number of exclusively rural practices being negligible. These tables were prepared from figures collected from the questionnaire issued to all members of the dental profession who were in practice in 1938. The number of replies having been less than had been hoped, some doubt existed as to the degree of reliance which could be placed upon the picture presented by these tables. We were, however, advised by the Government Actuary that the replies could be accepted as reflecting, in a broad way, the general financial position of the profession.

10. While the incomes of dentists in large towns (i.e., towns with a population exceeding 100,000) were generally somewhat higher than those of dentists in small towns, the differences were not so large as to make separate consideration necessary. For our purposes, therefore, we have considered the figures

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* Report, Cmd. 6810, paragraph 6. (H.M.S.O. 6d.)

for the net incomes of dentists in large towns. The following table (Table A) summarises the position disclosed :—

TABLE A

Annual incomes of general dental practitioners in large towns in the years 1936, 1937 *and* 1938, *after deducting professional expenses allowed for purposes of income tax.*

Percentage Distribution in Age Groups.

Income £	Age Groups								
	-30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Under 400 p.a.	33·5	15·4	13·6	19·5	21·9	26·0	33·7	42·0	45·7
400-599 ...	20·8	21·9	21·4	22·6	22·4	23·1	16·9	16·3	18·5
600-799 ...	14·5	21·5	16·8	15·8	15·1	11·5	14·1	9·6	9·8
800-1,199 ...	19·5	26·0	24·8	21·7	18·8	21·9	20·6	13·0	14·1
1,200-1,599...	9·0	9·2	12·9	9·4	11·3	8·2	6·8	8·2	7·6
1,600-1,999...	·9	2·6	5·3	5·8	4·1	3·4	4·9	6·1	4·3
2,000-2,399...	·9	1·3	2·0	2·6	1·9	2·0	2·0	1·8	—
2,400 plus ...	·9	2·1	3·2	2·6	4·5	3·9	1·0	3·0	—
Total ...	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0

11. If we concentrate on the important age range from 35 years to 54 years the position is as shown in the following table :—

TABLE B

NET INCOME : AGE GROUP 35-54

Number of Dentists at varying income levels as percentage of total dentists in age group.

(*Large Towns*)

89·5 per cent. have incomes below £1,600 a year.
79·1 per cent. have incomes below £1,200 a year.
69·7 per cent. have incomes below £1,000 a year.
57·4 per cent. have incomes below £800 a year.
42·2 per cent. have incomes below £600 a year.
19·8 per cent. have incomes below £400 a year.

Within this age range approximately :—

25 per cent. have incomes under £450 a year.
50 per cent. have incomes under £700 a year.
75 per cent. have incomes under £1,100 a year.

12. The above figures show that very few dentists make large incomes, that most dentists are making net incomes of less than enough to meet minimum middle-class expenditure, and that a quarter of the profession of necessity live below this standard.

13. The evidence which we received emphasised two further and highly relevant facts. In the first place, the evidence both of the dental organisations and of individual practitioners leaves us in no doubt that the practice of dentistry is exceptionally arduous, involving as it does the performance by a dentist of intricate manual work at the chairside. Witnesses repeatedly

emphasised that the great bulk of a dentist's working time " . . . . is spent in his surgery . . . . and the greater part of it in actual operative work in the mouth, which is difficult of access, ... for the most part upon the conscious and apprehensive patient " ; and we were impressed by the unanimity of their evidence as to the resulting strain on the practitioner. We are convinced that this imposes a very real limit upon the number of hours that a dentist can be expected to work at the chairside without loss of efficiency. After exhaustive enquiry we reached the conclusion that 33 hours a week by the chairside for 46 weeks in a year, or say 1,500 chairside hours a year, together with the hours necessarily spent outside the surgery, represent full but not excessive employment and that, generally speaking, employment in excess of these hours tends to impair efficiency.

14. In the second place, recruitment to the dental profession over a long period has been far from satisfactory. The number of names on the Dentists Register today is only about one thousand more than it was twenty years ago ; the number of students who qualified in 1946 was over one hundred less than the number in 1927 ; and, even so, a certain number of these students were studying dentistry only because they had been unable to secure vacancies as medical students. At the moment, the dental schools have as many students as they can accommodate, but this merely reflects the general abnormal position in which educational institutions throughout the country find themselves today. Unless the dental profession is made more attractive, there can be no guarantee that when the present abnormal situation has passed, the dental schools will remain full or that the hope of the Inter-departmental Committee on Dentistry* that there will be a substantial increase in the student entry into those schools will be realised.

15. The tables in paragraphs 10 and 11 above display average rates of remuneration for general dental practice. In our judgment these rates are inadequate when regarded in the light either of the value of the services rendered by dental practitioners to the community, or of the importance of maintaining and improving recruitment to the profession. We endorse the considerations advanced by the Interdepartmental Committee on Dentistry† in regard to the need to improve recruitment and in particular the importance in this connection of better remuneration, both in itself and in its effect on the standing of the profession.

16. Table B in paragraph 11 above shows that in the age group 35 years to 54 years approximately 25 per cent. of general dental practitioners had in 1938 net incomes under £450, 50 per cent. under £700 and 75 per cent. under £1,100. Assuming a supply of dentists sufficient in relation to the demand for their services (even if not for the need for these services) to secure a spread of incomes comparable to that in 1938 we consider that the figure of £450 should be raised to £850, the figure of £700 to £1,100, and the figure of £1,100 to £1,400, the proposed new figure being in each case in terms of 1939 values and subject to appropriate betterment to reflect present conditions. The increases of income involved imply doubling the 1938 incomes below £400, augmenting by £400 the 1938 incomes between £400 and £800 and augmenting the 1938 incomes above £800 by one-third of the amount by which the 1938 income falls short of £2,000. Considerable as are such increases, we are unanimous in regarding them as necessary. The effect of these recommendations is shown in the following table :—

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* Final Report, Cmd. 6727, paragraphs 12 and 13. (H.M.S.O. 1s.)
† Final Report, Cmd. 6727, paragraph 30.

TABLE C

Percentage distribution of 1938 *net incomes augmented as follows :—*

1938 *incomes below* £400 — *by doubling the income*

1938 ,, *from* £400–800 ,, *the addition of* £400

1938 ,, *above* £800 — ,, ,, ,, ,, £$\frac{2{,}000-1938\ income}{3}$

Percentage distribution of 1938 *net incomes is shown in brackets.*

Incomes £	Ages								Age Group
	Under 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	35–54
Under 400 p.a. ...	10·0 (33·5)	2·5 (15·4)	1·5 (13·6)	2·5 (19·5)	4·1 (21·9)	4·1 (26·0)	8·2 (33·7)	13·2 (42·0)	3·0 (19·8)
400– 599	5·9 (20·8)	3·2 (21·9)	3·0 (21·4)	4·2 (22·6)	4·5 (22·4)	5·4 (23·1)	6·4 (16·9)	7·3 (16·3)	4·2 (22·4)
600– 799	17·6 (14·5)	9·7 (21·5)	9·1 (16·8)	12·8 (15·8)	13·3 (15·1)	16·5 (11·5)	19·2 (14·1)	22·2 (9·6)	12·6 (15·2)
800–1,199	35·3 (19·5)	43·4 (26·0)	38·1 (24·8)	38·6 (21·7)	28·5 (18·8)	34·6 (21·9)	31·1 (20·6)	25·6 (13·0)	35·0 (21·7)
1,200–1,599	21·7 (9·0)	28·3 (9·2)	28·1 (12·9)	24·0 (9·4)	21·6 (11·3)	24·0 (8·2)	22·3 (6·8)	14·9 (8·2)	24·2 (10·4)
1,600–1,999	7·7 (·9)	9·5 (2·6)	15·0 (5·3)	12·7 (5·8)	21·6 (4·1)	9·5 (3·4)	9·8 (4·9)	12·0 (6·1)	15·3 (4·8)
2,000 and over ...	1·8 (1·8)	3·4 (3·4)	5·2 (5·2)	5·2 (5·2)	6·4 (6·4)	5·9 (5·9)	3·0 (3·0)	4·8 (4·8)	5·8 (5·7)
Total	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0

17. As we have indicated the above recommendations are significant only if the supply of dentists is so related to demand as to produce a spread of incomes comparable to that in 1938. It is by no means clear how far this will be so either in the immediate future when for the first time free dental service is provided for all, or later as the population is educated in the schools and otherwise to take greater care of their teeth. In consequence we cannot be content merely to make recommendations based on the 1938 distribution of incomes which may well have little or no relevance to the actual circumstances.

18. After much thought we have reached the conclusion that we can best meet the difficulty by making a recommendation as to the remuneration of an experienced single handed dentist, working efficiently and making full use of all appropriate assistance, fully employed but not working longer hours than those indicated in paragraph 13, and we recommend that the remuneration in the circumstances mentioned should be a net annual income of £1,600 in terms of 1939 values. In our judgment, in view of the uncertainties to which we have referred in paragraph 17 above, action should be based on this figure. As circumstances lead to a spread of incomes comparable to that in 1938, it seems to us that the incomes of dentists should become distributed in the manner we have suggested in paragraph 16 above. Meantime, the incomes of an abnormally high proportion of practitioners may tend to centre round the figure of £1,600 we have recommended : but this would result only if the profession were seriously understaffed having regard to the demands on their services.

19. So far as total remuneration will be determined by payments in respect of particular dental operations, a further recommendation is necessary and important. If such a system of remuneration is adopted we consider it essential that the payments for different dental operations should be so balanced that over any considerable period remuneration should not be affected by the proportion of time spent upon dental operations of various types.

20. We should not be satisfied if there were no possibility of dentists in general practice earning more than the net annual income which we recommend above. In the past, differentiation in incomes has been secured, in part, by variations in the fees charged by dentists. We have to recognise that this method of differentiation may not be permissible in a publicly organised service. We have therefore considered other methods by which higher incomes may be earned by a proportion of practitioners.

21. In the first place, in a number of cases more than £1,600 a year could properly be earned by experienced practitioners under partnership agreements with junior partners or by the employment of salaried assistants. This would be the case even without a system of subsidised assistants comparable with that recommended for doctors by the corresponding Committee on the Remuneration of General Practitioners.* We considered recommending such a system in the case of dentists, but refrained from doing so since we found our professional witnesses, in general, opposed to such a system.

22. Secondly, we would certainly not suggest a rigid limitation to 33 hours a week of the amount of chairside work for which a dentist could receive remuneration. We believe that a certain number of dentists, especially among those below middle age, would not only be willing to work more than 33 chairside hours a week, but would also be able to do so without loss of efficiency. The proportionate net income from an extra half-hour five days a week would be a little over £120 and from an extra hour five days a week rather over £240, and the actual increases in net income would be larger than

* Report, Cmd. 6810, paragraph 14. (H.M.S.O. 6d.)

those just indicated, since the ratio of the additional professional expenses involved to the additional gross income would certainly be less than the ratio of total professional expenses to total gross income. We are anxious, however, that the possibility thus afforded of raising net incomes above £1,600 a year should not be exaggerated. We are satisfied by a large volume of evidence, that only exceptional practitioners will be able to work for any prolonged period without loss of efficiency or indeed without damage to health for substantially more than 33 chairside hours a week, and that those who can do so will usually be well advised to reduce their chairside hours after middle age.

23. A third and in our judgment a more important method of augmenting the net incomes of general dental practitioners can best be indicated after we have dealt with the extension of our remit to cover the remuneration of dental specialists. In so far as, although of course only in so far as, dental specialists have had a professional training comparable to that of medical specialists and have obtained a higher qualification comparable to those obtained by medical specialists, they ought in our opinion to be remunerated within the same range as medical specialists. Given the conditions we have presupposed, this seems to us equitable and, in relation to the standing of the dental profession, of great importance. Further, we consider that the recommendations of dental practitioners for whole-time or part-time specialist posts should be primarily in the hands of dentists.

24. In what we have just said, we have in mind, as has been emphasised, dental specialists who have received a special and extended training and obtained a higher qualification. We believe that in relation both to the standing of the dental profession and to the standard of dentistry in the country few things are more important than the building up of a body of specialists who fulfil these conditions. On the other hand we recognise that this will take a considerable time. In any foreseeable period it is most improbable that there will be an adequate supply of such specialists to act as consultants or to provide for all dental operations which should be performed by men with exceptional skill and special experience. We consider in consequence that for the time being, and possibly as a permanent arrangement, there is room for part-time consultants and specialists selected from practitioners who have exceptional skill and experience in particular directions. We consider further that such selection should be made on dental advice. We recommend that those so selected should be remunerated on a sessional basis or otherwise at such a rate as to secure at least twice what they would earn in the same number of chairside hours spent in general dental practice.

25. As we have said, we attach special importance to some such arrangement and believe it to be necessary in order to secure the best possible dental service. It would, however, have a further and considerable advantage. Any system of remuneration based on the number of dental operations performed puts a premium on speed of working. That is unobjectionable, and indeed advantageous so long, but only so long, as thoroughness and care are not sacrificed to speed. There is, however, an obvious inherent danger that they may be so sacrificed. That such a result should not occur must depend primarily on a professional tradition, but a further and real safeguard will exist if outstandingly good work in particular directions secures the recognition and the substantial additional remuneration which we have suggested.

26. Finally, we wish to make two subsidiary but important recommendations. We consider that special provision should be made to secure adequate incomes for dentists serving sparsely populated areas, particularly those

having to work from two or more surgeries a considerable distance apart, and that provision should also be made for additional payments to attract dentists to especially unattractive areas.

27. Comparisons are proverbially odious but they are sometimes inevitable. It would be affectation for us to ignore the fact that our recommendations will be compared with those made by the corresponding committee on the remuneration of general medical practitioners, or to pretend that we had not ourselves taken into account the latter recommendations. We have decided therefore that it is right to conclude by ourselves making the comparison as we see it.

28. The Committee on the Remuneration of General Practitioners* reached the conclusion that in 1938 the lower ranges of income were too low and made recommendations which were approximately equivalent to a general increase of £200 in these incomes. The same deficit appears to us to exist in a markedly higher degree in respect of dental practice. In 1938, in the case of medical practitioners in urban practice and in the age group from 35 years to 54 years, roughly 25 per cent. had net incomes of less than £800, 50 per cent. had net incomes less than £1,100, and 75 per cent. had net incomes less than £1,500. The corresponding figures, already given, for dental practitioners are £450, £700 and £1,100. It is in the light of these figures that we desire to see an increase of remuneration for dental practitioners in the lower ranges of income double that recommended in the case of medical practitioners. We consider that this proportionate increase should diminish gradually in the case of incomes between £800 and £1,200, and that, in the case of incomes greater than £1,200, dental practitioners should receive an increase one-third greater than that recommended for medical practitioners.

29. Our specific recommendations while implying approximately the above augmentations, are, however, concerned directly with the incomes which should be exceeded by the incomes of 75 per cent., 50 per cent. or 25 per cent. of dental practitioners in the age group from 35 years to 54 years. The figures we have recommended in respect of dental practitioners *between* 35 *and* 54 *years of age* are £850, £1,100, and £1,400, as against the £1,000, £1,300 and £1,600 recommended for medical practitioners *in urban practice and between* 40 *and* 49 *years of age*. The two sets of figures apply therefore to somewhat different age ranges, and, in addition, that for medical practitioners does not take into account the somewhat lower incomes contemplated by the earlier committee in the case of rural practitioners, a class which does not exist to anything like that same extent in the case of dentists. Since for these reasons the two sets of figures are not completely comparable and, also, since for immediate purposes, our recommendation has regard to the net annual income (£1,600) which should be earned by 1,500 chairside hours' work, we propose to confine further comparison to this figure.

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* Report, Cmd. 6810, paragraphs 8, 11 and 12. (H.M.S.O. 6d.)

30. In our judgment, based on a large volume of evidence, the work involved in earning this net annual income of £1,600 represents full, but not abnormally heavy work. After consideration, we took the corresponding figure for a general medical practitioner as £1,800. Our reasons were that since the earlier committee recommended that approximately 25 per cent. of general medical practitioners should receive net incomes over £1,600 and thought it necessary to make special recommendations in order to secure a proportion of net incomes in excess of £2,000, that committee appeared to contemplate that single-handed practitioners would earn as much as £2,000 only exceptionally, and therefore presumably only by unusually heavy work. In consequence, a figure halfway between £1,600 and £2,000 should represent with reasonable accuracy such a standard of full but not unusually heavy work as we had in mind. It appeared to us legitimate, therefore, to compare an income of £1,600 in the case of dental practitioners with an income of £1,800 in the case of general medical practitioners.

31. We believe it to be impossible to assess in terms of income the relative advantages and disadvantages of the two professions, their relative services to the community or their relative responsibilities. These factors must weigh rather in the minds of individuals in their choice of profession. There is, however, a particular factor, capable of assessment. By no means all the work a dentist has to do is at the chairside and 33 hours a week at the chairside means in general some 42 working hours a week. It appears probable, however, that a general medical practitioner would have to work say from 50 to 55 hours a week to earn his £1,800 a year, or its present equivalent, and, since the bulk of his work would involve less intensive strain than a dentist's chairside work, we believe that he could do so with no greater difficulty. On the other hand, his actual leisure is very substantially less, and he can neither work fixed hours nor keep clear his week-ends to anything like the extent which in general is possible for a dental practitioner. These facts appear to us to justify the difference between the two figures for net incomes. In the above discussion, as throughout our report, incomes are expressed in terms of 1939 values.

SUMMARY OF RECOMMENDATIONS

32. Our recommendations in respect of a publicly organised service of general dental practice are, therefore, as follows :—

(1) If there were sufficient dental practitioners in relation to the demand for their services to secure a spread of incomes comparable to that in 1938, arrangements should be made to ensure that between 35 and 54 years of age 75 per cent. of those practitioners should receive net annual incomes of over £850, 50 per cent. of them should receive incomes of over £1,100 and 25 per cent. incomes of over £1,400. By net income we mean gross remuneration less the professional expenses allowed for purposes of income-tax. These recommendations are expressed in terms of the 1939 value of money (*paragraph* 16).

Note : These recommendations are equivalent to an increase in general of £400 a year on incomes below £800 in 1938 and an increase on incomes above this figure of one-third of the amount by which the 1938 income falls short of £2,000.

(2) Until there are sufficient dental practitioners to secure a spread of incomes comparable to that in 1938, a single-handed practitioner making full use of all appropriate assistance and working efficiently for 1,500 hours a year at the chairside together with the hours necessarily spent outside the surgery should receive, in terms of the 1939 value of money, a net annual income of £1,600 (*paragraphs* 13 *and* 18).

(3) If remuneration is determined by payments in respect of particular dental operations, these payments should be so balanced that over any considerable period, remuneration should not be affected by the proportion of time spent upon dental operations of various types (*paragraph* 19).

(4) Additional remuneration could be earned :—

(*a*) by experienced practitioners under partnership agreements with junior partners or by the employment of salaried assistants (*paragraph* 21) ;

(*b*) by practitioners able to work more than 1,500 chairside hours a year without loss of efficiency (*paragraph* 22) ;

(*c*) by practitioners with skill and experience in particular directions, acting for part of their time in a consultant or specialist capacity (*paragraph* 24).

(5) Dental specialists who have had a comparable training and obtained a comparable qualification should be remunerated within the same range as medical specialists (*paragraph* 23).

(6) The recommendation of dental practitioners for whole or part-time specialist posts should be primarily in the hands of dentists (*paragraph* 23).

(7) Special provision should be made to secure adequate remuneration for dental practitioners serving sparsely populated areas, particularly those having to work from two or more surgeries a considerable distance apart (*paragraph* 26).

(8) Additional payments should be made to induce dental practitioners to practise in especially unattractive areas (*paragraph* 26).

33. In conclusion, we wish to record our appreciation of the work of our Joint Secretaries, Mr. S. G. Game, of the Ministry of Health and Mr. S. D. Cox, M.B.E., Assistant Secretary of the British Dental Association.

We have the honour to be, Sirs,

Your obedient Servants,

(*Signed*) WILL SPENS (*Chairman*).
L. C. ATTKINS,
J. P. COCKER,
C. R. DALE,
THOS. H. FLITCROFT,
H. P. HAMILTON,
THOMAS LISTER,
A. R. MCFARLANE,
LESLIE E. PEPPIATT.

S. G. GAME,
S. DONALD COX, } *Joint Secretaries.*

10th May, 1948.

APPENDIX

LIST OF BODIES (OTHER THAN GOVERNMENT DEPARTMENTS) AND PERSONS WHO SUBMITTED EVIDENCE TO THE COMMITTEE

PART I

Names of Witnesses Examined

The Dental Consultative Committee, representing the British Dental Association, the Incorporated Dental Society, and the Public Dental Service Association.	Mr. J. J. Gillard Bishop, L.D.S. Mr. W. L. Boness, L.D.S. Mr. J. E. H. Duckworth, M.C., L.D.S. Mr. J. Lauer, L.D.S. Mr. T. Leaver Mr. T. Rankin, O.B.E., L.D.S.
Association of Dental Hospitals of Great Britain and Northern Ireland.	Professor R. Bradlaw, L.R.C.P., M.R.C.S., F.D.S. Professor H. Stobie, F.R.C.S., L.R.C.P., F.D.S. Dr. A. C. W. Hutchinson, D.D.S., M.D.S., L.D.S., F.R.S.E. Mr. F. P. Thomas, F.C.A.
British Dental Students' Association	Miss D. S. Elliott Mr. T. Harrop Mr. Maxwell Saunders
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At the request of the Committee ...	Mr. W. Kelsey Fry, C.B.E., M.C., L.R.C.P., M.R.C.S., F.D.S.

PART II

List of Bodies and Persons from whom Written but not Oral Evidence was received

British Dental Association (Public Dental Officers' Group)
Society of Medical Officers of Health (Dental Officers' Group)
Dental Board of the United Kingdom
Mr. W. Rowell Burwell
Mr. J. Campbell, L.D.S.
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